SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 5. Any false reporting may be referred to the Police for investigation.

 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving

- and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 28/12/2020 14:46 (SGT) Date of Accident 27/12/2020 17:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE Changi Towards Upper Serangoon Road Exit Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI X396P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Syahirah NRIC No. S9119693Z Email Address harissharun604@gmail.com Mobile Phone No (Phone) +65-96819807 Alternative Phone No +65-91265213

VEHICLE PARTICULARS

Manufacturer Honda Model Stream Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1800028469-01 Cover Note Number

DRIVER

Name of Driver Zahirudin Shah Bin Majid NRIC No S9031426B Date Of Birth 27/08/1990 Occupation Indoor

Date Of Driving Pass 06/11/2015 Driving experience 5 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-91265213 Alt. Phone Number Email Address shahzahirudin@gmail.com Address 908 Jurong West Street 91 #09-219 Address complement Postcode 640908 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to sketch plan. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBJ1788C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Rahman Mohammed Mijanur
Passport No/FIN	G2434340K
Contact Number	(Phone) +65-91711924
Address	-
Address complement	-
Postcode	-

Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's finature (If driver is not the policyholder) Date & Time: 2 8 DEC 2020 Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

PIE CHANGI (TOWARDS UPDER SERANGION RO EXIT)

SLX

SQLP

4 3 2 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	2020, at about 1930 hrs, it was raining heavily
and I was	on the 4th lane on PIE Changi towards Upper severyo
Rd exit. My	vision was attected due to the nearly rain, the lorry
intrant of	me GBJ 1788C, tiltered to my lane and did an
emergency b	reak because the taxi infront pam break as well because
of the rain	I didn't see how close the larry was and I hit
the lorry.	there was no injuties reported from both party. The
damage the	lorry had was the steps to go in the lorry. There
	mer damage reported for my car, the bonct is downag
	bend . The logo infrant is also damage No internal
	seen in the cay
,	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: 2 8 DEC 2020

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

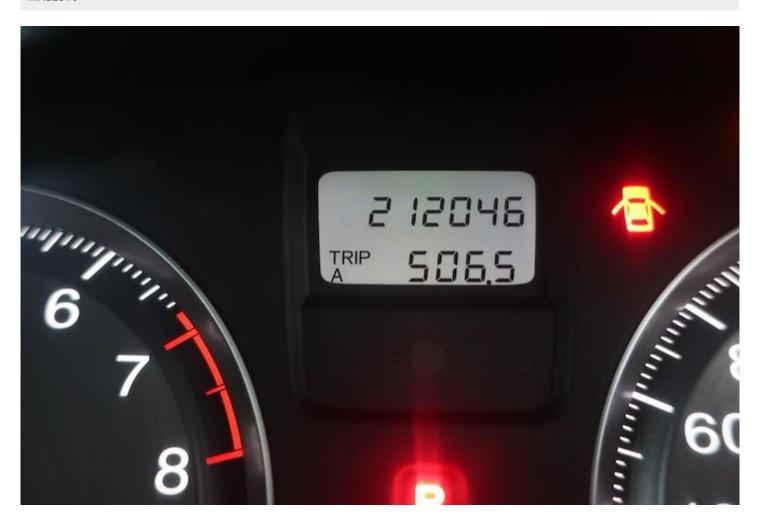
















CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder SYAHIRAH BINTE MOHAMAD

Period of Insurance 22 Mar 2019 To 21 Mar 2020 Engine No. R18A13801150 Chassis No. JHMRN68609S201122

Vehicle No Policy No.

SLX396P : 1800028469-01

Endorsement No. Issued Date

21 Jan 2019

ABOUT THE COVER

Make Model HONDA STREAM 1.8

Engine Capacity/Tonnage 1 799 00 CC Driver Restriction NA

Sum Insured - Market Value Off Peak Car - No

First Year of Registration 2010 Insuring with COE PARF Yes

Person or Classes of Persons Entitled to Drive*

our and continue to the continue of the property of the property of the following the Advisor Communication of Advisor Advisor Communication of the Communic

Age Condition

All Age Condition

Limitation as to use"

the experience directly and places proposed and to the first place in modes. The following out the expectation of the place is and purchased and the experience of the experie

Combined andred in persons to ferfer A. Cardell under Besschradings

EXCESS

Windscreen 117

Named Driver and Excess was appeared CHARRIAN (ROLL) OF HIANAS DOLL ON CONTROL

APPROVED REPORTING CENTRES AUTHORISED REPAIRERS AND A MORE AND BELLANDED AND AND ALLANDED AND AL

IMPORTANT NOTES

Hae Purchase Company Employer's Loan, MayBank

We have plants that the province with the limit are it improve related in except in the province of the Misor version. That has and Conguestatic Act Cap. 1860 from S. S. the Stanford For Managers.

0504645000

31 KAKI BUKIT ROAD 3 KOT 218 TECHLINA

SEX-APORE 417518

Underwritten by AIG Axia Pacific Insurance Pte Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE